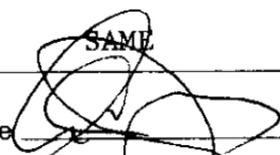


No. <b>C 117661</b>	<b>Due no later than January 31, 2004 Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>																																				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address. Correct in this box if applicable. SOUTHWEST IDAHO SURGERY CENTER, INC  900 N LIBERTY STE 405  BOISE, ID 83704	A C JONES III MD 900 N LIBERTY STE 400  BOISE, ID 83704  3. <u>New</u> Registered Agent Signature																																				
<p>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</p> <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>A.C.JONES III, M.D.</td> <td>900 N. LIBERTY #450</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>V-PRESIDENT</td> <td>DELRAY MAUGHAN, M.D.</td> <td>SAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SECRETARY</td> <td>MATTHEW B. SCHWARZ, M.D.</td> <td>SAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TREASURER</td> <td>MATTHEW B. SCHWARZ, M.D.</td> <td>SAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DIRECTOR</td> <td>DELRAY MAUGHAN, M.D.</td> <td>SAME</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	A.C.JONES III, M.D.	900 N. LIBERTY #450	BOISE	ID	83704	V-PRESIDENT	DELRAY MAUGHAN, M.D.	SAME				SECRETARY	MATTHEW B. SCHWARZ, M.D.	SAME				TREASURER	MATTHEW B. SCHWARZ, M.D.	SAME				DIRECTOR	DELRAY MAUGHAN, M.D.	SAME			
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5. Organized Under the Laws of:  IDAHO C 117661	<p>6. Signature  Date <u>1-22-2004</u></p> <p>Name <small>(Typed or Printed)</small> <u>A.C. JONES, III, M.D.</u> Title <u>PRESIDENT</u></p>																																					